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OTHER THAN

Application or Docket Number

	Effective October 1, 2000					9.65	<u> </u>
CLAIM	IS AS FILED - PAF			LENTITY		OTHER	
	(Column 1)	(Column 2)	TYPE		OR	SMALL	ENTITY
TAL CLAIMS	19		RAT	E FEE]	RATE	FEE

	(Column 1)	(Column 2)	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS	19		RATE	FEE		RATE	FEE
FOR	NUMBER FILEO	NUMBER EXTRA	BASIC FEE	355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS	19 minus 20=	•	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS	3 minus 3 =		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PR	RESENT		+135=		OR	272	
* If the difference in column 1 is	less than zero, ente	er "0" in column 2	TOTAL		OR	TOTAL	710

^{*} If the difference in column 1 is less than zero, enter "0" in column 2

CL AIMS	ΔS	AMENDED -	PART II
	-	- Cuillian - C	

DATENT ADDITIONALES DETERMINATION RECORD

		(Column 1)		(Column 2)	(Column 3)
AF		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	. 19	Minus	20	= _
AMEN	Independent	. 3	Minus	3	. ~
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT CLAIM	

3)	SMALL	ENTITY	OR	SMALL	ENTITY
7	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONA FEE
	XS 9=		OR	X\$18=	
	X40=		OR	X80=	
	+135=		OR	÷270≃	

RATE	TIONAL		RATE	TIONAL FEE
XS 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

08	8/23/05	(Column 1)		(Column 2)	(Column 3)
NT B		CLAIMS REMAINING AFTER AMENDMENT	4.34	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total	. 30	Minus	20	.0
鱼	Independent	. 4	Minus	···(3	= /
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM	

	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
-	XS 9=	,	OR	XS18=	1
	X40=		OR	X80=	981.00
	+135=		OR	+270=	
	TOTAL ADDIT. FES		OR	CTAL ADDIT. FEE	

03	108/06	(Column 1)		(Column 2)	(Column 3)
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total	. 13	Minus	20	:0
ğ	Independent	. 3	Minus	··· 3	-A
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	
_	707				

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

** The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0851-0032
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Signature

(\$) 750.00	17	750.	.00
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Comple	te if Known	
Application Number		
Fiting Date		
First Named Inventor	S. HAYASHI	
Examiner Name		
Group Art Unit	· · · · · · · · · · · · · · · · · · ·	
Attorney Dacket No.	FIII 18 650	

	METHOD OF PAYMENT					FI	EE CALCULATION (continued)	
	e Commissioner is hereby authorized to charge		3. Al	DDIT	ION/			
'- La indi Deposit i	icated fees and credit any overpayments to:		İ	Lerg		Sma		
Account	08-1634		F	Entit	y Fee	Entit	•	
Number Deposit		. /	Code		Cod		Fee Description	Fee Paid
Account Name	Helfgott & Karas, P.C.		105	130	205	65	Surcharge - tate filing fee or oath	
(Charg	ge Any Additional Fee Required or 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Appto	cant dains small entity status.	- /	139	130	139	130	Non-English specification	
	37 CFR 1.27		147 2	2,520	147	2,520	For filing a request for ex parte reexamination	
2. X Pay	yment Enclosed: ick Credit card Monoy Other		112	920*	112	920°	Requesting publication of SIR prior to Examiner action	
	FEE CALCULATION	-	113 1	1,840°	113	1,840*	Requesting publication of SIR after Examiner action	
1 BASIC	FILING FEE		115	110	215	86	Extension for reply within first month	
	tity Smell Entity	-	116	390	216	195	Extension for repty within second month	
Foe Fee	e Fee Fee Fee Description		117	890	217	445	Extension for reply within third month	
Code (3) 101 710	004 055 1175 05-4-	_	118 1	1,390	218	695	Extension for reply within fourth month	
106 320	/10	41	128 1	,890	228	945	Extension for reply within fifth month	
107 490		41	119	310	219	155	Notice of Appeal	
108 710		71	120	310	220	155	Filing a brief in support of an appeal	
114 150	· · · · · · · · · · · · · · · · · · ·	71	121	270	221	135	Request for oral hearing	
***		-1	138 1	1,510	138 1	1,510	Petition to institute a public use proceeding	
	SUBTOTAL (1) (\$) 710	ال	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA	CLAIM FEES		141 1	,240	241	620	Petition to revive - unintentional	
	Extra Claims below Fee P	eid	142 1	,240	242	620	Utility issue fee (or reissue)	
Total Claims	19.00 -20** = X 18.00 = 0		143	440	243	220	Design Issue fee	
Independent Claims	3.00 - 3" = X 80.00 = 0	<u> </u>	144	600	244	300	Plant issue fee	
Multiple Depen	ndent]	122	130	122	130	Petitions to the Commissioner	
		1	123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Fee Fee	ly Small Entity Fee Fee Pescription	1	126	180	126	180	Submission of Information Disclosure Stmt	
Code (\$) 103 18	Code (\$) 203 9 Claims in excess of 20		581	40	581	40	Recording each patent assignment per property (times number of properties)	40
102 80	202 40 Independent claims in excess of 3		148	710	248	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 270 109 80	204 135 Multiple dependent claim, if not paid 209 40 ** Reissue independent claims	' 	149	710	249	355	For each additional invention to be	
	over onginal patent						examined (37 CFR § 1.129(b))	
110 18	210 9 ** Reissue claims in excess of 20 and over original patent	1			279	355	Request for Continued Examination (RCE)	
			169	900	169	900	Request for expedited examination of a design application	
	SUBTOTAL (Z) (\$) 0		Other 1	fee (sp	ecify)			
**or number	r previously paid, if greater, For Reissues, see above	لــــــــــــــــــــــــــــــــــــــ	*Redu	ced by	Basic	Filing	Fee Paid SUBTOTAL (3) (\$) 40	
SUBMITTED B	av //			_			Complete (f applicable)	
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towns for use . No.	y banisom inchkor \	/	10	domes	(Anumi)		23,072 Telephone 212-643	ジーンいいひ

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Any fee due with this paper, not fully covered by an enclosed check, may be charged on Deposit Acct. No. 08-1634

6/19/01

Date

Signature

PTO/SB/17 (11-00)

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FEE TRANSMITTAL		Complete if Known				
		Application Number				
for FY	2004	Fiting Date				
IQIFI	200 I	First Named Inventor	S. HAYASHI			
Patent fees are subject to	o ennual revision.	Examiner Name				
·		Group Art Unit		٦		
TOTAL AMOUNT OF PAYMENT	(\$) 750.00	Alternay Decket No.	EI III 19 650	7		

METHOD OF PAYMENT		FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES							
indicated fees and credit any overpayments to:		Lorge Small							
Account	08-1634	F	Entil	y Fee	Entit Fee	•			
Number Deposit		Code		Code		Fee Descript	tion ,	Fee Paid	
Account Name Helfgott & Karas, P.C.		105	130	205	65	Surcharge - tate filling fee o	x cath		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional cover sheet	l tiling fee or		
Applicant claims small entity status.		139	130	139	130	Non-English specification			
866 37 CFR 1.27		147	2,520	147	2,520	For filing a request for ex p	ozte reexamination		
2. X Payment Enclosed: X Check Credit card Money Other		112	920°	112	920°	Requesting publication of 8 Examiner action	SIR prior to		
FEE CALCULATION		113	1,840°	113	1,840*	Requesting publication of S Examiner action	SIR after		
1 BASIC	ILING FEE	115	110	215	66	Extension for reply within f	irst month		
	ty Smell Entity	116	390	216	195	Extension for reply within s	econd month		
For For		117	890	217	445	Extension for reply within the	hird month		
Code (3) 101 710	204 207 1122 207 - 1	118	1,390	218	695	Extension for reply within to	ourth month		
106 320	201 355 Utility hang tee 710	128	1,890	228 9	345	Extension for reply within fi	Ath month		
107 490	207 245 Plant filing fee	119	310	219	155	Notice of Appeal			
108 710	208 356 Reissue filing fee	120	310	220	155	Filing a brief in support of a	in appeal		
114 150	214 75 Provisional filling fee	121	270	221	135	Request for oral hearing			
		138	1,510	138 1	,510	Petition to institute a public	use proceeding		
	SUBTOTAL (1) (\$) 710	140	110	240	55	Petition to revive - unavoida	able		
2. EXTRA CLAIM FEES		141	,240	241	620	Petition to revive - unintenti	ionat		
Total Claims Independent Indep		142	1,240	242	620	Utility Issue fee (or reissue)			
		143	440	243	220	Design issue fee			
		144	600	244	300	Plant Issue fee			
		122	130	122	130	Petitions to the Commission	ner		
		123	50	123	50	Processing fee under 37 CI	FR 1.17(q)		
Large Entity	Small Entity Fee Fee Description	126	180	126	180	Submission of Information (Disclosure Stmt		
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102 80	202 40 Independent claims in excess of 3	148	710	246	355	Filing a submission after fin (37 CFR § 1.129(a))	al rejection		
104 270	204 135 Muttiple dependent claim, if not paid	148	710	249	355	For each additional invention	on to be		
109 80	209 40 ** Reissue independent claims over original patent	1				examined (37 CFR § 1.129			
110 18	210 9 ** Reissue claims in excess of 20 and over original patent	179		279	355	Request for Continued Example Example 1	mination (RCE)		
	and over original people	169	169 900 169 900 Request for expedited examination of a design application				mination	11	
SUBTOTAL (2) (\$) 0		Other	fee (sp	ecify)		o a coog. approcion	<u>-</u> -		
"br number	*Rodu	ced by	Basic	Filing	Fee Paid SUBTOT	AL (3) (5) 40			
SUBMITTED BY Complete (# applicable) Nome (BehitTorn) Complete (# applicable)									
tione (PrintType) Samson [Helfgott / Registration No. 23,072 Telaphone 212-643-5000									

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Date

6/19/01